

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



August 29, 1983

ALL-COUNTY LETTER NO. 83-90

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: EMERGENCY ASSISTANCE (EA) CASELOAD MOVEMENT/EXPENDITURE REPORT
(CA 237-EA)


REFERENCE:

Because of the increasing need for accurate, timely and consistent reporting of Emergency Assistance (EA) data, it has become necessary to develop a separate EA reporting system. The Department of Social Services is implementing an Emergency Assistance Caseload Movement/Expenditure Report (Form CA 237-EA) (attached). This report will require no new data items but will capture separately from AFDC those EA items already being reported on the CA 237 FG/U and FC reports.

Additional line items (lines 4a(1), 4a(2) and line 7d.3 - from Emergency Assistance) are being added to the AFDC-FG/U and FC reports. These new line items will accommodate approval of applications for aid and movement of EA cases which transfer to AFDC-FG/U or FC programs due to the expiration of EA eligibility.

This report will be implemented August 1, 1983, with the first due date of September 15, 1983, and by the eighth working day following the report month thereafter. The attached forms and instructions will be incorporated in the Statistical Reports Manual of Policy and Procedures.

If you have any questions regarding the form (CA 237-EA) or the instructions, please contact Levy St. Mary at (ATSS) 473-2334 or (916) 323-2334.



JAMES H. GOMEZ
Deputy Director
Administration

Atch.

cc: CWDA

This report is to be received on or before
the eighth working day of the calendar
month following the report month.

Send one copy to:

*State Department of Social Services
Statistical Services Branch
744 P Street, Mail Station 12-81
Sacramento, CA 95814*

**AID TO FAMILIES WITH DEPENDENT CHILDREN —
EMERGENCY ASSISTANCE
CASELOAD MOVEMENT AND EXPENDITURES REPORT**

		NAME OF COUNTY	
		FOR MONTH ENDING (MONTH/DAY/YEAR)	
PART A. CASELOAD		EA—UP	EA—FC
1. Cases brought forward from last month (Item 5 last month or explain)			
2. Cases added during month (Col. 1 same as CA 237 FG/U 4a (2); Col. 2 same as CA 237 FC 4a (2))			
3. Total cases open during month (Sum of 1 + 2, above; also a + b below)			
a. Cases receiving cash grant			
(1) Children in Item 3a			
(2) Adults in Item 3a			
b. Did not receive emergency assistance			
4. Terminated or changed in status during month (Sum of a + b, below)			
a. Terminated without transfer to AFDC FG/U or FC			
b. Intraprogram status change to AFDC-FG/U or AFDC-FC status			
5. Cases carried forward to next month (3 minus 4)			
PART B. NET EXPENDITURES			
6. Total net expenditures for emergency assistance		\$ _____	\$ _____
PART C. OTHER (These items to be used upon instructions from SDSS)			
7.			
8.			
9.			
REPORT PREPARED BY:		TELEPHONE NO. ()	DATE

Content

For the AFDC Emergency Assistance (EA) Program this report provides monthly data on the movement of cases, the number of individuals who receive EA and the net amount of all EA paid during the report month.

Purpose

The purpose of these data are to provide county, state and federal administrators with information needed for budgeting, staffing, program planning and for other administrative responsibilities.

Distribution

Data in this report are compiled and transmitted in California's monthly reports to the Social Security Administration, U.S. Department of Health and Human Services.

Due Date

Report is to be received in Sacramento on or before the eighth working day of the calendar month following the report month. Send report to:

State Department of Social Services
Statistical Services Branch
744 P Street, Mail Station 12-81
Sacramento, California 95814

When data are unavailable, or have not been reconciled, transmit a report by the due date containing all available information. Attach a note indicating when the department can expect to receive the rest of the report. Forward missing figures promptly as soon as possible. A report shall be submitted even if there were no EA cases on aid in the county for the report period.

Instructions

Part A - Caseload

Part A summarizes caseload movement activities during the report month.

1. Cases Brought Forward From Last Month - Entry will equal Item 5 of previous month's report or be explained in a footnote.
2. Cases Added During Month - Enter the number of cases approved for EA.
3. Total Cases Open During Month - Enter the number of cases active during the report month; that is, those cases where an official authorization for EA was in effect at some time during the month. Sum of Item 1 plus Item 2; also sum of Items 3a and 3b.
 - 3a. Cases Receiving Cash Grant - Enter in the appropriate columns the number of cases receiving current month EA payments in or during the report month.
 - 3a.(1) Children in Item 3a - Enter the number of children reported in the cases in Item 3a.
 - 3a.(2) Adults in Item 3a. - Enter the number of adults reported in the cases in Item 3a.
 - 3b. Did not receive EA - Enter the number of cases not paid aid but which had in effect during the report month an authorization to receive aid.
4. Terminated or Changed in Status During Month - For each program, enter the total number of cases terminated during the report month by action of the delegated agent of the board of supervisors and those cases whose status was changed by intraprogram transfer. Terminations include cases in which aid was discontinued and those removed from the program segment for other reasons.
 - 4a. Terminated without transfer to AFDC-FG/U or FC - Enter the number of cases terminated from aid.
 - 4b. Intraprogram status change to AFDC-FG/U or AFDC-FC Status - Enter the number of cases transferred to AFDC-FG/U and AFDC-FC after the 30 day EA eligibility has expired.
5. Cases Carried Forward to Next Month - Enter the number of cases carried forward to next month. Item 3 less Item 4.

Part B - Net Expenditures

6. Total Net Expenditures for Emergency Assistance - This part of the report provides for a summary of the net amount of EA aid issued to or on behalf of recipients during the report month, after accounting for all adjustments for the current and all prior months. Enter the amounts corresponding with those reported on the fiscal summary documents.

Part C - Other

- 7.
8. (These items are to be used only upon instructions from the State Department of Social Services.)
- 9.

See One Copy To:

DEPARTMENT OF SOCIAL SERVICES
STATISTICAL SERVICES BRANCH
744 P STREET, MAIL STATION 12-81
SACRAMENTO, CALIFORNIA 95814**AID TO FAMILIES WITH DEPENDENT CHILDREN —
CASH GRANT CASELOAD MOVEMENT AND
EXPENDITURES REPORT**

STATE USE 1	COUNTY			
	FOR MONTH ENDING	MONTH	DAY	YEAR

PART A. APPLICATIONS FOR AID AND REQUESTS FOR RESTORATION

1. Pending from last month (Item 5 last month, or explain)	_____
2. Received during the month (Sum of a and b, below)	_____
a. Applications (Sum of (1) and (2))	_____
(1) For AFDC-FG	_____
(2) For AFDC-U	_____
b. Requests for restoration	_____
3. Total during the month (Sum of 1 and 2)	_____
4. Disposed of during month (Sum of a, b, and c, below)	_____
a. Approved (Sum of (1) and (2))	_____
(1) For AFDC-FG or U (Same as sum of 7a and 7b)	_____
(2) For Emergency Assistance-Unemployed Parent (Do not include in 7a or 7b)	_____
b. Denied	_____
c. Other dispositions (Cancellations and withdrawals)	_____
5. Investigation proceeding at end of month (3 minus 4)	_____

PART B. CASELOAD

	AFDC—FG (1)	AFDC—U (2)
6. Cases brought forward from last month (Item 10 last month or explain)	_____	_____
7. Cases added during month (Sum of a through e below)	_____	_____
a. Applications approved	_____	_____
b. Restorations	_____	_____
c. Transfers from other counties	_____	_____
d. Other transfers-in	_____	_____
(1) intraprogram status change from medically needy	_____	_____
(2) change in aid category from FG or U segment	_____	_____
(3) from Emergency Assistance	_____	_____
e. Other approvals	_____	_____
8. Total cases open during month (Sum of 6 and 7, above; also a plus b, below)	_____	_____
a. Cases receiving cash grant	_____	_____
(1) Children in Item 8a cases	()	()
(2) Adults in Item 8a cases	()	()
(3) Essential persons in Item 8a cases (Sum of (a) and (b), below)	()	()
(a) Children FG _____ U _____ (b) Adults FG _____ U _____		
(4) Total persons (Sum of (1), (2), and (3), above)	()	()
b. Other cases	_____	_____
9. Terminated or changed in status during month	_____	_____
10. Cases carried forward to next month (8 minus 9)	_____	_____

PART C. NET EXPENDITURES

11. Total net expenditures (Sum of a and b, below)	\$ _____	\$ _____
a. Total AFDC with Federal-State-County participation	\$ _____	\$ _____
b. County supplemental: (1) in cash \$ _____ (2) in kind \$ _____	\$ _____	\$ _____
c. Child support collections: (1) FG \$ _____ (2) U \$ _____		

PART D. SPECIAL INFORMATION

	a. INTRAPROGRAM STATUS CHANGE	b. INTERCOUNTY TRANSFER
12. Number of requests determined ineligible during the month		
13. Number of overdue reinvestigations at the end of month		

	NUMBER OF APPLICATIONS (1)	LENGTH OF TIME	
		45 DAYS OR LESS (2)	MORE THAN 45 DAYS (3)
14. Time elapsed from date of application or request for restoration (Report quarterly only-Mar., June, Sept., Dec.) ...	XXX	XXX	XXX
a. Pending from prior quarter		XXX	XXX
b. Received during quarter		XXX	XXX
c. Disposed of during quarter (Sum of (1), (2) & (3), below)			
(1) Approved			
(a) Number of recipients (OPTIONAL)	XXX	XXX	XXX
(2) Denied			
(3) Otherwise disposed of (cancellations & withdrawals)			
15. Applications and requests for restoration pending at end of quarter (Sum of 14a + 14b — 14c)			

PART E. TO BE USED ONLY ON INSTRUCTIONS FROM THE DEPARTMENT OF SOCIAL SERVICES

16.

17.

18.

REPORT PREPARED BY:	TELEPHONE	DATE
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AID TO FAMILIES WITH DEPENDENT CHILDREN — FOSTER CARE (FC) CASELOAD MOVEMENT AND EXPENDITURES REPORT

DEPARTMENT OF SOCIAL SERVICES
STATISTICAL SERVICES BRANCH
744 P STREET, MAIL STATION 12-81
SACRAMENTO, CALIFORNIA 95814

STATE USE 2	COUNTY
FOR MONTH ENDING:	MONTH DAY YEAR / /

PART A. APPLICATIONS FOR AID AND REQUESTS FOR RESTORATION

1. Pending from last month (Item 5 last month, or explain)	
2. Received during the month (Sum of a and b, below)	
a. Applications	
b. Requests for restoration	
3. Total during the month (Sum of 1 and 2)	
4. Disposed of during month (Sum of a, b, and c, below)	
a. Approved (Sum of (1) and (2))	
(1) For AFDC-FC (Same as sum of 7a and 7b)	
(2) For Emergency Assistance-Foster Care (Do not include in 7a or 7b)	
b. Denied	
c. Other dispositions (Cancellations and withdrawals)	
5. Investigation proceeding at end of month (3 minus 4)	

PART B. AFDC — FC CASELOAD

CHILDREN

6. Children brought forward from last month (Item 10 last month or explain)	
7. Added during month (Sum of a through e)	
a. Applications approved	
b. Restorations	
c. Transfers from other counties	
d. Intraprogram status change (1) from FG or U segments	
(2) from medically needy	
(3) from Emergency Assistance	
e. Other approvals	
8. Total (Sum of 6 and 7, above; also a and b, below)	
a. Received AFDC-FC (_____ families ^{1/}) (Same as sum of 12 and 13, Cols. 1 and 2)	
b. Did not receive AFDC-FC	
9. Terminated during month (Sum of a through c)	
a. Transfers to other counties	
b. Transfers to AFDC-FG/U (Sum of (1) and (2))	
(1) From Federal FC status	
(2) From Nonfederal FC status	
c. All other AFDC-FC terminations	
10. Children carried forward to next month (8 minus 9)	

PART C. NET EXPENDITURES

TOTAL (Round to nearest dollar)

11. Total net expenditures for FC (Sum of a + b - c (1) - c (2))	\$ _____
a. Foster family homes	\$ _____
b. Group home placements	\$ _____
c. Child support collections: 1) Federal \$ _____ (2) Nonfederal \$ _____	

PART D. SPECIAL INFORMATION

	NONFEDERAL AFDC—FC	AFDC—FC WITH FEDERAL PARTICIPATION		
	CHILDREN (1)	CHILDREN (2)	FAMILIES ^{2/} (3)	AMOUNT ^{3/} (4)
12. AFDC-FC children in foster family homes				\$ _____
13. AFDC-FC children in group home placements				\$ _____
14. Number of requests determined ineligible during the month			a. INTRAPROGRAM STATUS CHANGE	b. INTERCOUNTY TRANSFER
15. Number of overdue reinvestigations at end of month				

PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE NUMBER	DATE PREPARED
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1/ Number of families represented by the children reported in Item 8a. Complete for the months of March and September only.
2/ Number of families represented by the children reported in Items 12 and 13, Column 2. See instructions for footnoting duplicate families.
3/ Exclude expenditures for nonfederal AFDC-FC children.